

EXHIBIT 12

NOTICE TO FUNERAL DIRECTOR AND CERTIFYING PHYSICIAN

(1) WAS THIS DEATH THE RESULT OF VIOLENCE, SUICIDE, OR CASUALTY; (2) WAS THE DECEASED IN APPARENT GOOD HEALTH; (3) WAS THE DECEASED UNATTENDED BY A PHYSICIAN; OR (4) WAS ANY SUSPICIOUS OR UNUSUAL MANNER ASSOCIATED WITH THIS DEATH? YES OR NO
 IF YES TO EITHER 1, 2, 3, OR 4, PLEASE NOTIFY THE CORONER IN THE COUNTY WHERE THE BODY WAS FOUND OR THE DEATH OCCURRED.

1939GA000042255		Local File Number	State File Number
CERTIFICATE OF DEATH/STATE OF GEORGIA		1566	
DECEASED'S NAME (First, Middle, Last)		IF DECEASED IS FEMALE, ENTER MARRIAGE LAST NAME	SEX
1a. VELMA M. HINTON		1b. LEWIS	1c. FEMALE
2a. DATE OF DEATH (Mo., Day, Year)		2b. DATE OF DEATH (Mo., Day, Year)	
2a. APRIL 10, 2009		2b. APRIL 10, 2009	
3a. RACE (White, Black, Amer. Indian, etc.)		3b. COUNTRY OF BIRTH (Mo., Day, Year)	
3a. BLACK		3b. AMERICAN	
4a. CITY, TOWN, OR LOCATION OF DEATH		4b. HOSPITAL OR OTHER INSTITUTION NAME (If not in white, give street and no.)	
4a. DECATUR		4b. DEKALB MEDICAL CENTER-N. DECATUR	
5a. DEKALB		5b. INPATIENT	
6a. STATE AND COUNTY OF BIRTH (If not in U.S., enter Country)		6b. CITIZEN OF WHAT COUNTRY?	
6a. GA./FULTON		6b. U.S.A.	
7a. SOCIAL SECURITY NUMBER		7b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
7a. REDACTED		7b. DISABLED	
8a. RESIDENCE - STATE		8b. CITY, TOWN OR LOCATION	
8a. GA.		8b. ATLANTA 30318	
9a. FATHER'S NAME		9b. MOTHER'S MARRIAGE NAME	
9a. JOHNNY NILES		9b. ODESSA WASHINGTON	
10a. INFORMANT'S NAME		10b. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip)	
10a. DR. SHERION MOON		10b. REDACTED 30127	
11a. RELATIONSHIP		11b. DAUGHTER	
12a. BURIAL, CREMATION, REMOVAL (Specify)		12b. CEMETERY OR CREMATORY NAME	
12a. BURIAL		12b. LINCOLN CEMETERY 30314	
13a. FUNERAL DIRECTOR (Specify)		13b. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip)	
13a. STEPHANIE HOLLINGSWORTH		13b. DONALD TRIMBLE MORTUARY, INC.	
14a. EMBALMER (Specify)		14b. P.O. BOX 17738	
14a. DAVID JONES		14b. ATLANTA, GEORGIA 30316	
15a. IMMEDIATE CAUSE		15b. APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH	
15a. multi-organ failure		15b. APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH	
16a. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part 15. (If female, indicate if pregnant or born occurred within 30 days of death)		16b. AUTOPSY (Yes or No)	
16a. NO		16b. NO	
17a. DATE OF OPERATION (Mo., Day, Year)		17b. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)	
17a. NO		17b. NO	
18a. DATE OF INJURY (Mo., Day, Year)		18b. DESCRIBE HOW INJURY OCCURRED	
18a. NO		18b. NO	
19a. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		19b. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)	
19a. NO		19b. NO	
20a. DATE SIGNED (Mo., Day, Year)		20b. HOUR OF DEATH	
20a. 4/28/09		20b. 3:30 A.M.	
21a. NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER		21b. DATE PRONOUNCED DEAD (Mo., Day, Year)	
21a. Dr. Syed		21b. NO	
22a. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner)		22b. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip, County)	
22a. Wanda Cason		22b. 2100 W. Peachtree St. N. Atlanta, GA 30309	
23a. REGISTRAR (Specify)		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)	
23a. Wanda Cason		23b. MAY 01 2009	

Certificate of Record

This is an exact copy of the death certificate received for filing in DeKalb County.

County custodian

Wanda Cason

Issued by

Wanda Cason

Date

5-05-09